

J.L. STEEL, L.P.

005824

Para Uso de la Oficina Solamente

Resultados de Droga: \_\_\_\_\_

Empleado por: \_\_\_\_\_

Pago \$ \_\_\_\_\_

1er día de Trabajo: \_\_\_\_\_

**APLICACION PARA EMPLEO**

Proveer informacion que solicita

Aplicaciones que esten incompletos o si no estan legibles no van hacer tramitadas

**INFORMACION PERSONAL**Fecha 05/28/08

Nombre Reto Osuna Martin A. Numero de Seguro Social 608-74-8542  
 Domicilio 9935 Middle Fiskville Ciudad Austin  
 Estado TXCodigo Postal 78753 Telefono (512) 767-0361  
 Estas autorizo de trabajar en los Estados Unidos? Si ☒ No ☐ Retas empleo ahora? \_\_\_\_\_  
 Con quien? \_\_\_\_\_ Conozas alguien con esta compania? SI  
 Si la respuesta es si, quien? Cesar Corona Que es la relacion? Amigo

**EXPERENCIA DE TRABAJO**

Proveer una lista de experiencia de los ultimos dos anos.

Fecha Mes/Año	Nombre de la Compania Ciudad Y Estado	Clave de Area	Numero de Telefono	Nombre de Supervisor Inmediato	Tipo de Trabajo

Posicion que solicita: \_\_\_\_\_ Pago que solicita: \$ \_\_\_\_\_

Quien, si alguien, referiro usted a nosotros? \_\_\_\_\_

Aceptas empleo afuera del pueblo? Si SI No ☐**POR FAVOR DE LEER CON CUIDADO**

Es la poliza de J.L. Steel, L.P. de proporcionar igualmente la oportunidad de empleo a todos los aspirantes calificados sin tomar en consideracion la raza, religion, edad, sexo, color, origen nacional, incapacidad fisico o mental, estado como veterano incapacitado o veterano del en Vietnam.

Yo certifico que la informacion en la aplicacion es de verdad y corrector segun me entiendo J.L. Steel, L.P. esta autorizado a investigar mi historia personal usando cualquier agencia que prefiera. Yo entiendo que prueba de autorizacion para empleo es necesario antes de tener empleo segun la reforma de inmigracion y actuar cotrolar de 1986. Yo entiendo que es necesario de pasar un fisico completo incluyendo un preba de drogas antes de tener empleo.



Martin Reto Osuna  
 FIRMA

## CONTACTOS DE EMERGENCIA

Tu Nombre: Martin Reyes

En caso de emergencia, notificar: (Nombre): Angel Corona

(Relación): Amigo

(Telefono): 512-762-8879

(Telefono de Trabajo): - - -

(Dirección): 605 Materson Pkwy

# 921

(Ciudad, Estado, Código Postal): Austin TX

78753

Segundo Contacto:

(Nombre): \_\_\_\_\_

(Relación): \_\_\_\_\_

(Telefono): \_\_\_\_\_

(Telefono de Trabajo): \_\_\_\_\_

(Dirección): \_\_\_\_\_

(Ciudad, Estado, Código Postal): \_\_\_\_\_

Por favor liste cualquier alergias o especial condición medica que pueda ser afectada por atención de emergencia medica:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent. A
- B Enter "1" if: B
- You are single and have only one job; or
  - You are married, have only one job, and your spouse does not work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F
- G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G
- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
  - If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H
- For accuracy, complete all worksheets that apply. ▶ Deductions
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the
  - If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
  - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2007</b>
1 Type or print your first name and middle initial. <u>Martin</u> Last name <u>(Primer Nombre y Apellido)</u> <u>Martin Reyes</u>				
Home address (number and street or rural route) (Domicilio) <u>9435 Middle Piskine</u>		2 Your social security number (Seguro Social) <u>608 77 8592</u>		
City or town, state, and ZIP code (Ciudad, Estado, y Código) <u>ASHA TX 78753</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <u>5</u>		6 \$ <u>0.00</u> (Dependents) <u>1</u>		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Su Firma) <u>Martin Reyes</u>		(Fecha) <u>05-21-08</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)		

or Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2007)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last (Apellido) <u>Reyes</u>		First (Primer Nombre) <u>Martin</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>9935 Middle Fiskville</u>		City (Ciudad) <u>Austin</u>	State (Estado) <u>TX</u>	Zip Code (Codigo Postal) <u>78753</u>
Apt. # <u>105</u>		Date of Birth (month/day/year) (Fecha de Nacimiento) <u>04-02-83</u>		
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # <u>A</u> ) <input type="checkbox"/> An alien authorized to work until <u>1/1</u> (Alien # or Admission #) Social Security # (Seguro Social) <u>608-74-8542</u>		
Employee's Signature (Firma) <u>Martin Reyes</u>		Date (month/day/year) (Fecha) <u>05/23/08</u>		

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document Title: _____		<u>ID Card</u>		<u>SS Card</u>
Issuing authority: _____		<u>Causol Mex Austin</u>		<u>SSA</u>
Document #: _____		<u>3548763</u>		<u>608-74-8542</u>
Expiration Date (if any): <u>1/1</u>		<u>10/18/2010</u>		<u>1/1</u>
Document #: _____				
Expiration Date (if any): <u>1/1</u>				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/1 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jesse Villalobos</u>	Print Name <u>Jesse Villalobos</u>	Title <u>Foreman</u>
Business or Organization Name <u>JL Steel LP</u>	Address (Street Name and Number, City, State, Zip Code)	
	Date (month/day/year) <u>5-21-08</u>	

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment	
Document Title: _____	Document #: _____
Expiration Date (if any): <u>1/1</u>	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

**MEXICO** ESTADO LIBRE Y SOBERANO

**MARTIN ANASTACIO  
REYES-OSUNA**  
Expositor y Pasa de Pasado y Presente de Bona Fide  
 MONCLOVA, COAH.  
 02 ABR 1983

**18 OCT 2005**  
Expositor y Pasa de Pasado y Presente de Bona Fide  
 18 OCT 2005  
 CONSULMEX  
 AUSTIN

**608-74-8542**  
Expositor y Pasa de Pasado y Presente de Bona Fide  
 18 OCT 2005  
 CONSULMEX  
 AUSTIN

**608-74-8542**  
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 18 OCT 2005  
 CONSULMEX  
 AUSTIN



J.L. STEEL, L.P.

## HAZARD COMMUNICATION

I, Martin Reyes, certify that I have viewed an orientation film, and I understand that J.L. Steel, L.P. has a Hazard Communication Program in place. I also understand that the MSDS sheets on materials used by J.L. Steel, L.P. are available for my review at their Roanoke office located at 4501 Hwy 377 North, Roanoke, Texas 76262.

I am also aware that the hazardous chemicals used by J.L. Steel, L.P. throughout their job sites and shop area. These MSDS sheets are available for my review at the field office of the general contractors that J.L. Steel, L.P. presently holds sub-contracts with.

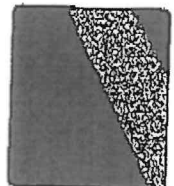
Date:

(Fecha) 05-28-08

Signature:

(Firma) Martin Reyes

P.O. Box 1910 Roanoke, Texas 76262  
(T) 817-430-2410 (F) 817-474-3031  
www.jlsteel.com





J.L. STEEL, L.P.

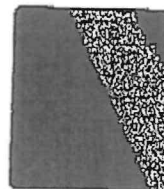
## DRUG SCREEN AND SOBRIETY EXAMINATION CONSENT FORM

I voluntarily agree to provide breath, and/or urine for drug or alcohol testing. I agree to provide breath, urine, and / or alcohol and authorize J.L. Steel, L.P. to use such specimens in any manner it deems appropriate.

I further understand that failure to submit to the testing, or testing positive will disqualify me for employment. I release J.L. Steel, L.P. and its employees and officers from any claims of liability related to the enforcement of it's employment policies.

Martin Retes  
NAME  
(NOMBRE)  
Martin Retes  
SIGNATURE  
(FIRMA)  
05-21-08  
DATE  
(FECHA)

P.O. Box 1910 Roanoke, Texas 76262  
(7) 817-430-2410 (F) 817-491-3411  
www.jlsteel.com







J.L. STEEL, L.P.

05-21-08

DATE  
(FECHA)

## PAYROLL DEDUCTION AUTHORIZATION FORM

NAME: Martin Retes  
(NOMBRE)

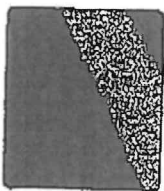
I hereby authorize J.L. Steel, L.P. to deduct from my paycheck a weekly deduction for repayment of any loans, advance wages, group insurance contributions, group retirement contributions, credit union notes, tools, tires, gasoline, repairs and / or for damages resulting from my gross negligence. I agree that in case of my resignation, or discharge, the entire balance due for any of the above deduction agreements may be deducted from my final pay.

I understand that the regularly scheduled paycheck is Friday of each week, and that in case of my termination, regardless of the reason, I will not be issued my final paycheck until payday.

Martin Retes  
SIGNATURE  
(FIRMA)

WITNESSED: [Signature]

P.O. Box 1910 Roanoke, Texas 76262  
(T) 817-430-2410 (F) 817-491-5221  
www.jlsteel.com







J.L. STEEL, L.P.

## PREVIOUS EMPLOYER INFORMATION RELEASE

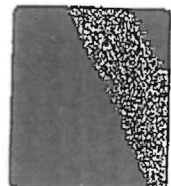
I have applied for a position with J.L. Steel, L.P. and I desire that they be fully advised of my record with former employers. I therefore respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability or damages for providing the information requested.

Print Name Martin Petes  
(Nombre)

Sign Here Martin Petes  
(Firma)

Date 05-21-08  
(Fecha)

P.O. Box 1910 Roanoke, Texas 76262  
(T) 817-430-2410 (F) 817-437-3833  
www.jlsteel.com





J.L. STEEL, L.P.

## EL REGISTRO DE AUTOMÓVIL COMPRUEBA

PARA SER COMPLETADO POR EL EMPLEADO ANTICIPADO

Yo, (Nombre de Impresión) Martin A. Reyes  
Primero, M.I. el Apellido

Por la presente autorizan J.L. Acero, L.P. para obtener un informe que contiene información en cuanto a mi historia previa conductor. Líbero J.L. Acero, L.P. y sus empleados y oficiales de cualquier reclamación de responsabilidad relacionada con procedimiento.

Martin Reyes  
Firma

05-21-08  
Fecha

P.O. Box 1910 Roanoke, Texas 76262  
(T) 817-490-2410 (F) 817-491-8821  
www.jlsteelcorp.com

